

KING COUNTY FIRE CHIEFS SEATTLE-KING COUNTY MULTIPLE CASUALTY INCIDENT PLAN POLICY JUNE 11, 2001

INTRODUCTION

Purpose:

The Multiple Casualty Incident Plan outlines the response policies and procedures to be implemented in the event of a Multiple Casualty Incident.

Policy:

The Multiple Casualty Incident Plan should be implemented by the Incident Commander based on an evaluation of patient count, severity of injuries, and available resources. Utilizing the Incident Command System, each agency will maintain control of any MCI that occurs within its service area. Unified Command may be established when the incident involves multiple jurisdictions or agencies.

These policies and procedures have been developed for use by the King County fire departments and districts, paramedic providers, dispatch centers, and other governmental agencies that may be deployed to a Multiple Casualty Incident. This plan is designed as a component of the King County Fire Resource Guide and King County Emergency Operations Plan.

Local Policies and Procedures:

Local agencies, fire zones, and dispatch centers may have additional policies or procedures designed to enhance their response to a Multiple Casualty Incident. Agency-specific policies that are not detailed as part of this plan may include but are not limited to:

- 1) Protocol for dispatcher activation of the MCI Plan
- 2) Recall procedures for off-shift personnel
- 3) Matrix for requesting additional units/personnel to an MCI
- 4) Procedure for using air ambulances
- 5) Notification procedure for Medical Examiner
- 6) Mobilization of CISD

Definitions:

Ambulance Staging: An area established to stage crews and their vehicles for immediate deployment that will be used to transport injured patients from the incident site.

Colored Flagging Tape: Used to designate a patient's severity of injury and status of decontamination during a multiple casualty or hazardous material incident.

Red Flagging Tape – Immediate
Yellow Flagging Tape – Delayed
Green Flagging Tape – Minor

Black Striped Flagging Tape – Deceased
White Flagging Tape – Decontaminated Patient

Funnel Point: A point between the incident site and treatment area typically used as the location to number the patients.

Hospital Control: The hospital responsible for assigning and coordinating patient destinations. Harborview Medical Center is the Primary Hospital Control, and Overlake Hospital Medical Center is designated as the backup.

Medical Group Supervisor: Manages the Medical Group and ensures that triage, treatment, transport, ambulance staging, and morgue functions are performed.

Medical Supply Unit: A mobile ALS/BLS medical supply cache contained in a trailer, van, or tractor/truck combination.

Morgue: Area designated for the collection, protection, and identification of the deceased.

Plan C: Regional medical standing orders utilized by ALS personnel during an MCI. This allows paramedics to treat patients according to “Plan C standards” without direct contact with a physician.

Triage: A system that allows for rapid field triage and limited treatment of multiple casualty victims.

Tracking Board: A grease pen based document used by the Medical Group and Team Leaders to document patient number, injuries, destination, and transport information.

Treatment Area: The area designated for the collection and treatment of patients. Colored flags or tarps may be used to identify specific treatment areas.

Treatment Tag: A tag attached to each patient treated at the MCI. Used for documenting patient injuries, vital signs, and transport destination.

Triage Belt: A belt worn by triage personnel that has colored flagging tape attached (red, yellow, green, black, and white). The tape is attached to the patients to identify their triage category.

ACTIVATION OF AN MCI

Incident Commander Responsibilities:

- 1) The Incident Commander must contact the local dispatch center and provide a verbal size-up of the incident. This should include a brief description of the type of incident, approximate number of patients, patient triage color coding (i.e., ten patients, triage color red), and declaration of an MCI.
- 2) Additional resources should be requested by the Incident Commander through the local dispatch center.
- 3) The Incident Commander is responsible to assure that Hospital Control is activated. This can be accomplished by the IC or designee directly from the scene or through the local dispatch center at the request of the Incident Commander.

Activation of Hospital Control:

1) **Primary:**

Contact Harborview Medical Center Charge Nurse and request "activation of the MCI Hospital Control Plan." This will result in the following notifications:

HMC Emergency Room Staff
HMC Physician Portable 55
Area Hospitals if Necessary

2) **Secondary:**

The backup Hospital Control Center is Overlake Hospital.

ORGANIZATIONAL POSITIONS

Incident Commander: Consistent with the Incident Command/Management System, the IC is in charge of the entire incident.

- 1) Develop a management system necessary to control the incident
 - a) Establish Medical Group positions
- 2) Ensure that adequate resources are requested
- 3) Direct incoming resources
- 4) Establish Command Post and necessary staging areas

Medical Group Supervisor: Responsible for developing a Medical Group necessary to manage multiple casualty patients.

- 1) Coordinate triage, treatment, transportation, staging, and morgue operations
- 2) Ensure adequate resources are requested/assigned within Medical Group
- 3) Recommend the early activation of Hospital Control
- 4) Account for the personnel assigned to the Medical Group

Triage Team Leader: Responsible for directing and coordinating triage activities

- 1) Assign early arriving EMTs to initiate field triage
- 2) Ensure that all patients are numbered
- 3) Ensure that all patients are flagged
- 4) Direct movement of patients to treatment/transport area
- 5) Ensure adequate resources necessary to conduct triage activities

Treatment Team Leader: Responsible for supervising treatment and prioritizing patients for transport

- 1) Establish treatment area(s) and/or patient loading area(s)
- 2) Ensure adequate resources to treat patients
- 3) Coordinate patient loading with Transportation Team Leader
- 4) Maintain documentation of activities within treatment area
- 5) Identify and direct specific treatment unit leaders as necessary

Transportation Team Leader: Responsible for coordinating the loading and transporting of all patients from the incident site

- 1) Ensure adequate resources for transportation of all patients
- 2) Coordinate the destination of patients through Hospital Control
- 3) Direct the movement of transport units between staging and loading areas
- 4) Document patient destination, departure time, and transporting agency

Morgue Team Leader: Responsible for coordinating the management of the deceased

- 1) Coordinate morgue duties with local police and Medical Examiner
- 2) Assure security of the personal effects and bodies of the deceased
- 3) Coordinate disposition of patients who die in the treatment area
- 4) Maintain documentation of morgue activities

TRIAGE

BLS personnel from one of the first arriving units will normally initiate field triage. Each triaged patient will be identified by colored flagging tape applied at the wrist. Patient numbering and injury documentation are not normally part of the field triage process.

PATIENT TRACKING

The patients are numbered sequentially starting with the number one (1) that should be written in indelible marking pen on the patient's forehead, cheek, chest, or arm in that order of priority.

COMMUNICATIONS

The Incident Commander is the only individual authorized to communicate with the local dispatch center. The Transportation Team Leader or designee is the only individual authorized to communicate with Hospital Control. Designation of patient destination and notification to receiving facilities is the responsibility of Hospital Control. Except in an emergency, all transporting aid unit and ambulance personnel shall not attempt to notify their destination hospital.

If communications with Hospital Control has not been or cannot be established, initial MCI patients may be transported using the following guidelines:

- 1) The first ten (10) patients may be sent directly to Harborview Medical Center with little or no prior notification.
- 2) One (1) or two (2) category red patients may be sent to each of the other regional trauma hospitals.
- 3) Depending upon the type of incident, the closest hospital may be inundated with casualties that have self-directed. Use caution when selecting the closest facility for transport without prior contact with Hospital Control.

TRANSPORTATION

Transportation should be accomplished by the most appropriate resources available. This includes aid units, ground and air ambulances, and buses.

Personnel assigned to Ambulance Vehicle Staging shall stay with their vehicle until moved to the patient loading area. Management of the ambulance staging activities is the responsibility of the Transport Team Leader.

DECEASED PERSONS

The Multiple Casualty Incident site may be considered a crime scene. Obviously, dead victims (triage category black) are to be flagged with triage tape, numbered, and left in the location they are found. The Morgue Leader may establish a secure location for patients that expired in the treatment area.

APPENDIX

- MCI Lesson Plan
- Plan C definition
- MCI dispatch matrix
- Treatment tag
- Patient tracking charts
- Good Samaritan tracking charts
- Field triage procedures